

**Mono County**  
**Community Development Department**  
**Planning Division**

P.O. Box 347  
Mammoth Lakes, CA 93546  
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commdev@mono.ca.gov

P.O. Box 8  
Bridgeport, CA 93517  
(760) 932-5420, fax 932-5431  
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**COMMISSION  
INTERPRETATION  
REQUEST**

APPLICATION # _____	FEE \$ _____
DATE RECEIVED _____	RECEIVED BY _____
RECEIPT # _____ CHECK # _____ (NO CASH)	

**APPLICANT** \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY/STATE/ZIP \_\_\_\_\_

TELEPHONE ( \_\_\_\_\_ ) \_\_\_\_\_ E-MAIL \_\_\_\_\_

**NATURE OF REQUEST:** Briefly describe your request for interpretation.

☐ Specific Mono County General Plan Land Use Element section requiring interpretation

\_\_\_\_\_

☐ Specific Mono County policy requiring interpretation \_\_\_\_\_

\_\_\_\_\_

☐ If request is for interpretation/modification of parking requirements specified in Mono County General Plan Land Use Element Section 06.020 (C), state reason for request.

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\_\_\_\_\_

☐ If request is for interpretation of "similar use," respond to the following: Mono County General Plan Land Use Element Section 04.030 (B) requires that, prior to taking an action to find a use similar to and not more objectionable to the general welfare than the uses listed within the text of the land use designation of this title, the Planning Commission shall find all of the following:

1. Proposed use is compatible with the intent of the land use designation and is applicable throughout the county in that district.

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*More on back...*

2. Proposed use is consistent with the General Plan and any applicable area general plans.

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3. Use is capable of meeting the standards and requirements of that district.

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4. Use will not be more objectionable to the general welfare (i.e., health, safety) than the uses listed within the district.

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**APPLICATION SHALL INCLUDE:**

- A. Completed application form.
- B. Project processing deposit: See Development Fee Schedule.

I CERTIFY UNDER PENALTY OF PERJURY THAT I am: ® legal owner(s) of the subject property, ® corporate officer(s) empowered to sign for the corporation or authorized legal agent, or ® other interested party.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date